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| Case Number: | CM13-0023612 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 08/08/2012 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a female with date of injury of 8/8/2012. Per primary treating physician's progress report dated 8/21/2013, the injured worker continues to complain of bilateral knee pain and left toe pain with walking. She reports altered gait due to left toe pain. She reports the orthotic in her left boot does not help to control pain or gait. She complains of low back pain and radiating pain into left lower extremity. She complains of anxiety and depression due to chronic pain and inability to return to work. On examination the lumbar spine is tender bilateral paravertebral muscles and bilateral quadratus lumborum. Straight leg raise is positive on the left into the toes. Lumbar flexion is 50 degrees, extension is 20 degrees, and bilateral lateral bends are 20 degrees. Left ankle has hyperpronation and plantar fascia is tender to palpation. Left ankle flexion is 38 degrees, extension is 20 degrees, and inversion is 30 degrees. Diagnoses include 1) bilateral total knee replacement, right in 2009, left in 2010, 2) left ankle sprain mild tarsometatarsal degenerative joint disease, MRI 10/20/2012 3) lumbar spine sprain/strain, left sacroiliac joint pain, L4-L5 disc-osteomyelitis, disc compression MRI 7/24/2013, 4) left plantar fasciitis, 5) anxiety/depression secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CONSULTATION WITH PAIN MANAGEMENT SPECIALIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Second Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The requesting physician reports that a pain management consult is desirable for consideration for a lumbar epidural steroid injection or facet block due to findings on MRI, clinical findings, and failure of conservative treatment. The ACOEM Guidelines recommend referring patients to specialists if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The requesting physician has clearly stated that this referral is for consideration for procedures due to findings on MRI, clinical findings, and failure of conservative treatment. The request for consultation with a pain management specialist is determined to be medically necessary.

WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, Low Back Disorders (Revised 2007), page 14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Version 3, Low Back Chapter, Prevention of Low Back Pain section.

Decision rationale: The requesting physician reports that a weight program is desired as the injured worker reports she gained 50 pounds and she has failed to lose weight with decreased calorie intake. The ACOEM Guidelines do recommend the use of weight loss programs to prevent low back pain. This injured worker has demonstrated significant weight gain, is obese, and has been unsuccessful at weight reduction on calorie reduction alone. The evidence for weight loss programs remains insufficient, but obesity is positively correlated with increased risk for low back pain. This request is open however with no description of weight loss goals or length of program. This request is not accompanied with sufficient information to determine medical necessity. The request for weight loss program is determined to not be medically necessary.

OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, proton pump inhibitors, such as omeprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event, is at increased risk of a gastrointestinal event, or is taking NSAIDs, which may necessitate the use of omeprazole. As such, the request is not medically necessary and appropriate.

VICODIN 5/500MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. The medical reports do not indicate that function has improved as a result of the use of Vicodin. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. As such, the request is not medically necessary and appropriate.

CYCLOBENZAPRINE HCL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Chronic Pain Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These Guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine HCL 7.5 mg #60 is determined to not be medically necessary.